



Y.E.L.L. Application



Name: _____ School: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell #: _____ E-mail Address: _____

Parent/Guardian's Name: _____ E-mail Address: _____

Please list any leadership experiences: _____

Please list any camp experiences (as a participant or volunteer): _____

Please list any awards, certificates, or accomplishments related to leadership, academics, or teamwork:

Why do you want to participate in the YELL program, and how will you be a good camp counselor?:

Please provide an educational reference (teacher, guidance counselor, principal):

Reference Name: _____ Position: _____

Phone #: _____ E-mail Address: _____

All applications must be turned in by March 27th

Please drop off the completed application at the Miami Township Civic Center, or mail the completed application to:

YELL Program
Miami Township Recreation Dept.
6101 Meijer Drive
Milford, OH 45150-2189